



Remit to: PO Box 1365
 Bloomington, IL
 61702-1365
 (Tel) 309-820-0566
 (Fax) 309-820-0545

Credit Application

Date: _____

Business Name _____ Phone _____ Fax _____

Business Street Address/PO Box or RR _____

City/County/State/Zip _____

Home Office Street Address/PO Box or RR _____

City/County/State/Zip _____

Customer E-mail Address _____

Bank Reference Name _____

Bank Officer _____ Phone _____

Address/City/State/Zip _____

Tax Exempt Yes No Sales Tax Exemption Number _____

*(If yes, please provide copy of certificate)

Type of Ownership Proprietorship Partnership Corporation

Number of years in business _____ FEIN Number _____

Holt Supply Company location you will frequent most:

Bloomington Burlington Champaign

Galesburg Princeton Sioux Falls

Type of Business:

Contractor: Plumbing

Retail Store: Hardware, Appliances

Contractor: Plumbing, Heating, Cooling, HVAC Service
 *(Copy of Refrigerant Certificate required)

Apartment House Maintenance

Industrial Account, Manufacturing

Government Agency

Other (please specify) _____

Building Contractor

Purchase Order Required Yes No Shipping Tickets Prices Yes No

Send Invoices to Home Office Field or Branch Store Fax Invoice in lieu of U.S Mail

Monthly Statement Required Yes No Mail to Home Office Field or Branch Store

Contact Regarding Material, Returns _____ Phone _____

Contact Regarding Payables _____ Phone _____

Principal Suppliers with whom you have established credit

Name _____	Phone _____
Street Address/City/State/Zip _____	Fax _____
Name _____	Phone _____
Street Address/City/State/Zip _____	Fax _____
Name _____	Phone _____
Street Address/City/State/Zip _____	Fax _____
Name _____	Phone _____
Street Address/City/State/Zip _____	Fax _____

Principal Owner(s); Partners or Officers

Name _____	SS# _____	Title _____
Name _____	SS# _____	Title _____
Name _____	SS# _____	Title _____

All Purchases become due and payable on the 15th of the month following the invoice date or on specific terms designated on the invoice. Any invoice not paid within the terms will be considered past due. Purchaser agrees to pay a service charge of 2% per month (24% annually) on all balances past due. The undersigned personally guarantees all obligations to your company or companies extended as a result of this application for credit and it is hereby agreed, that if such account is placed in the hands of an attorney or is collected by suit, or through probate proceedings, promises to pay the principal and interest then due plus reasonable attorney’s fees and collection fees together with all costs of court.

Signed (individually) _____

Signed (individually) _____

Certificate of Resale

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers’ Occupation Tax with respect to receipts from the resale of this property to users or consumers. This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Firm Name _____ Date _____

Signature of Purchaser/Authorized Agent _____

0193-8096

 Certificate of Registration
 Holt Supply Number

 Certificate of Registration
 Number of Purchaser

OFFICE USE ONLY	
HSC Location Submitting App	1 2 3 5 7 8 9 10 12
Salesman Code	_____
SPS #	_____
Holt Supply Contact	_____

South Dakota Department of Revenue

Resale Certificate

Please print legibly

Name of Seller _____

Address of Seller _____

Name of Purchaser _____

Purchaser's State Tax License Number _____

Sales Tax License, Wholesaler License, and Manufacturer License numbers only. *Do NOT accept Contractors' Excise Tax or Use Tax License numbers (numbers containing an ET or UT).* The license number must be listed here for this to be a valid resale certificate.

Purchaser is in the business of _____

Types of items purchased for resale (additional pages may be attached)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Types of items purchase tax paid - not for resale (additional pages may be attached)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

According to South Dakota law, it is the responsibility of the purchaser to assure that the goods and/or services purchased for resale are covered by a resale certificate. If items covered under the resale certificate are not purchased for resale, it is the responsibility of the purchaser to indicate to the seller that the items will not be resold, and the appropriate sales tax should be collected on those items. **The seller is required to show good faith in accepting this certificate. Sellers must possess a properly completed resale certificate provided by the purchaser. Sellers accepting resale certificates for purchases they know are not legitimately for resale could be held responsible for any sales/use tax due.**

If the purchaser purchases for resale but later uses the item(s) rather than reselling it (them), the purchaser is responsible for reporting and paying use tax on the item(s). **Any purchaser who knowingly and intentionally lists items for resale that he/she knows will not be resold, or provides an invalid resale certificate with the intent to evade payment of the tax is guilty of a Class 1 misdemeanor and may be fined up to fifty percent of the tax owed in addition to paying the tax. SDCL 10-45-61**

The undersigned certify that they have read the above and foregoing document and that the statements regarding the purchase, use or resale of each of the above items are true of their own knowledge and belief. The undersigned are fully aware of the consequences that will result from the misuse of this certificate. The undersigned further assert that they have the authority to complete and submit this document on behalf of the above named businesses.

Signature of Purchaser _____

Signature of Seller _____

Date _____

It is recommended that this certificate be updated annually.